

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035217

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 10000 Registrar's No. 1117 STATE FILE NUMBER

FILED SEP 23 1963

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Martin Nursing Home		d. STREET ADDRESS (If outside, give location) 1900 Frederick Ave.	

3. NAME OF DECEASED (Type or print) JACK WALTERS		4. DATE OF DEATH September 14, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH Jan. 1, 1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook & Dish Washer		10b. KIND OF BUSINESS OR INDUSTRY Dante's Restaurant	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Friend		17. ADDRESS Mr. Jimmy Pinzino-St. Joseph, Missouri	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis, Generalized		INTERVAL BETWEEN ONSET AND DEATH 1 month	
DUE TO (b) Bronchogenic Carcinoma Right		Unknown	
DUE TO (c)			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
---	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from 8/8/63 to 9/14/63 and last saw him alive on 9/14/63				
Death occurred at 5:05 PM on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE D.E. Sklenar M.D.		22b. ADDRESS SOCIAL WELFARE BOARD 10th & Olive, St. Joseph, Mo.		22c. DATE SIGNED 9/16/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 17, 1963	23c. NAME OF CEMETERY OR CREMATORY Mr. Olivet Cemetery	23d. LOCATION (City, town, or county) St. Joseph, Missouri	
24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc., St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Sept. 20, 1963		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

D.E. Sklenar, M.D.

2117  
2118  
2119  
2120  
2121

0-62

**Signed**

Licensed Embalmer No. 3338

P. O. Address OT 40965 MD

If this body is not embalmed, fact should be so stated above.